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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-14-0666]

Proposed Data Collections Submitted for
Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited on:

(a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility;

(b) the accuracy of the agency's estimate of the burden of the

proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920-0666, expires 10/31/2016) - Revision - National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease

Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN currently consists of five components: Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility (LTCF), and Dialysis. Two new components will be added within the next one to two years: Outpatient Procedure and Antimicrobial Use & Resistance.

The Antimicrobial Use and Resistance (AUR) Component will be launched within NHSN that will specifically examine antimicrobial use (AU) and antimicrobial resistance (AR) within healthcare facilities. The goal of the AUR Component is to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance as part of local or regional

efforts to reduce antimicrobial resistant infections through antimicrobial stewardship efforts or interruption of transmission of resistant pathogens at their facility. This revision submission includes one new form specific to the NHSN AUR Component.

Significant additions were made to three NHSN facility surveys. Questions about infection control practices were added to gain a better understanding of current practices and identify areas to target prevention efforts among facilities that have reported a multidrug-resistant organism. Questions about antibiotic stewardship were added to gain a better understanding of current efforts to improve antibiotic use in hospitals and to assess the quality of hospital antibiotic stewardship programs.

Additionally, minor revisions have been made to 31 other forms within the package to clarify and/or update surveillance definitions. Three forms are being removed as patient vaccination monitoring will be removed from NHSN.

The previously approved NSHN package included 56 individual collection forms; the current revision request adds one new form and removes three forms for a total of 54 forms. The reporting burden will increase by 172,943 hours, for a total of 4,277,716 hours.

Estimated Annualized Burden Hours

			Number		
				-	
			of	Average	
	Form Name		Respon	Burden	
		Number	ses	per	
_		of	per	Response	Total
Type of		Respon	respon	(in	Burden
Respondent		dents	dent	hours)	Hours
Registered					
Nurse					
(Infection					
Preventionist)	NHSN Registration Form	2,000	1	5/60	167
Registered					
Nurse					
(Infection	Facility Contact				
Preventionist)	Information	2,000	1	10/60	333
Registered					
Nurse	Patient Safety				
(Infection	ComponentAnnual				
Preventionist)	Hospital Survey	6,000	1	50/60	5,000
Registered					
Nurse					
(Infection	Group Contact				
Preventionist)	Information	1,000	1	5/60	83
Registered					
Nurse					
(Infection	Patient Safety Monthly				
Preventionist)	Reporting Plan	6,000	12	15/60	18,000
Registered					
Nurse					
(Infection	Primary Bloodstream				
Preventionist)	Infection (BSI)	6,000	44	30/60	132,000
Registered					
Nurse					
(Infection					
Preventionist)	Pneumonia (PNEU)	6,000	72	30/60	216,000
Registered	Ventilator-Associated				
Nurse	Event				
(Infection					
Preventionist)		6,000	144	25/60	360,000
Registered	Urinary Tract Infection				
Nurse	(UTI)				
(Infection					
Preventionist)		6,000	40	30/60	120,000
Staff RN	Denominators for	6,000	9	3	162,000

	Neonatal Intensive Care Unit (NICU)				
	Denominators for				
	Specialty Care Area				
Staff RN	(SCA)/Oncology (ONC)	6,000	9	5	270,000
	Denominators for				
	Intensive Care Unit				
	(ICU)/Other locations				
Staff RN	(not NICU or SCA)	6,000	54	5	1,620,000
Registered					
Nurse					
(Infection	Surgical Site Infection				
Preventionist)	(SSI)	6,000	36	35/60	126,000
	Denominator for			,	
Staff RN	Procedure	6,000	540	5/60	270,000
	Antimicrobial Use and				
	Resistance (AUR) -				
T -1	Microbiology Data				
Laboratory	Electronic Upload	6 000	1.0	F / 6 0	6 000
Technician	Specification Tables	6,000	12	5/60	6,000
	Antimicrobial Use and				
	Resistance (AUR) - Pharmacy Data Electronic				
Pharmacy	Upload Specification				
Technician	Tables	6,000	12	5/60	6,000
Registered	Tables	0,000	12	3/00	0,000
Nurse	Central Line Insertion				
(Infection	Practices Adherence				
Preventionist)	Monitoring	1,000	100	5/60	8,333
Registered		,		2, 23	
Nurse					
(Infection	MDRO or CDI Infection				
Preventionist)	Form	6,000	72	30/60	216,000
Registered	MDRO and CDI Prevention				
Nurse	Process and Outcome				
(Infection	Measures Monthly				
Preventionist)	Monitoring	6,000	24	15/60	36,000
Registered					
Nurse					
(Infection	Laboratory-identified				
Preventionist)	MDRO or CDI Event	6,000	240	15/60	360,000
Registered					
Nurse	Long-Term Care Facility				
(Infection	Component - Annual	0.50	_	_	0.50
Preventionist)	Facility Survey	250	1	1	250
Registered	Laboratory-identified	252	0	15/60	F 0 0
Nurse	MDRO or CDI Event for	250	8	15/60	500

(Infection	LTCF				
Preventionist)					
Registered					
Nurse	MDRO and CDI Prevention				
(Infection	Process Measures Monthly				
Preventionist)	Monitoring for LTCF	250	12	5/60	250
Registered				2,700	
Nurse					
(Infection	Urinary Tract Infection				
Preventionist)	(UTI) for LTCF	250	9	30/60	1,125
Registered				,	, -
Nurse					
(Infection	Monthly Reporting Plan				
Preventionist)	for LTCF	250	12	5/60	250
Registered				2,00	
Nurse					
(Infection	Denominators for LTCF				
Preventionist)	Locations	250	12	3.25	9,750
Registered					- ,
Nurse	Prevention Process				
(Infection	Measures Monthly				
Preventionist)	Monitoring for LTCF	250	12	5/60	250
Registered	nemiceling for fire	230		3,00	230
Nurse					
(Infection					
Preventionist)	LTAC Annual Survey	400	1	50/60	333
Registered	Time ramada sarvey	100		30700	333
Nurse					
(Infection					
Preventionist)	Rehab Annual Survey	1,000	1	50/60	833
Registered	nenas innaar sarver	1,000		30700	
Nurse	Antimicrobial Use &				
(Infection	Resistance Component -				
Preventionist)	Monthly Reporting Plan	100	12	5/60	100
Occupational	Healthcare Personnel			2,00	
Health	Safety Component Annual				
RN/Specialist	Facility Survey	50	1	8	400
Occupational	Healthcare Personnel	2.0	<u> </u>		
Health	Safety Monthly Reporting				
RN/Specialist	Plan	11,000	1	5/60	917
Occupational		,,	<u> </u>	2,00	
Health	Healthcare Worker				
RN/Specialist	Demographic Data	50	200	20/60	3,333
Occupational				,	-,300
Health	Exposure to Blood/Body				
RN/Specialist	Fluids	50	50	1	2,500
III, SPECIALIDE			3 0	<u> </u>	2,000

Occupational					
Health	Healthcare Worker				
RN/Specialist	Prophylaxis/Treatment	50	30	15/60	375
Laboratory	Follow-Up Laboratory				
Technician	Testing	50	50	15/60	625
Occupational	Healthcare Worker				
Health	Prophylaxis/Treatment-			_	
RN/Specialist	Influenza	50	50	10/60	417
Medical/Clinic					
al Laboratory	Hemovigilance Module			_	
Technologist	Annual Survey	500	1	2	1,000
Medical/Clinic					
al Laboratory	Hemovigilance Module	F 0 0	1.0	1/60	100
Technologist	Monthly Reporting Plan	500	12	1/60	100
Medical/Clinic	Hemovigilance Module				
al Laboratory Technologist	Monthly Reporting Denominators	500	12	1	6 000
Medical/Clinic	Denominators	500	12		6,000
al Laboratory	Hemovigilance Adverse				
Technologist	Reaction	500	48	15/60	6,000
Medical/Clinic	Reaction	300	40	13/00	0,000
al Laboratory					
Technologist	 Hemovigilance Incident	500	10	10/60	833
recimiorograe	Outpatient Procedure	300	10	10,00	033
	Component—Annual				
Staff RN	Facility Survey	5,000	1	5/60	417
	Outpatient Procedure			•	
	Component - Monthly				
Staff RN	Reporting Plan	5,000	12	15/60	15,000
	Outpatient Procedure				
Staff RN	Component Event	5,000	25	40/60	83,333
	Outpatient Procedure				
	Component - Monthly				
Staff RN	Denominators and Summary	5,000	12	40/60	40,000
Registered					
Nurse					
(Infection	Outpatient Dialysis		_		
Preventionist)	Center Practices Survey	6,500	1	1.75	11,375
a. 55 ===	Dialysis Monthly			- /	
Staff RN	Reporting Plan	6,500	12	5/60	6,500
Staff RN	Dialysis Event	6,500	60	20/60	130,000
	Denominators for				
Choff DN	Dialysis Event	(500	10	6/60	7 000
Staff RN	Surveillance	6,500	12	6/60	7,800
	Prevention Process Measures Monthly				
Staff RN	Measures Monthly Monitoring for Dialysis	1,500	12	30/60	9,000
DUALL KIN	LIOUTTOTTING TOT DISTABLE	1,500	14	30/60	9,000

	Dialysis Patient				
Staff RN	Influenza Vaccination	325	75	10/60	4,063
	Dialysis Patient				
	Influenza Vaccination				
Staff RN	Denominator	325	5	10/60	271
	State Health Department				
Epidemiologist	Validation Record	152	50	15/60	1,900
Total					4,277,716

Leroy Richardson,
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